

MEDICAL RECORD

Clinical Laboratory Ordering Record

S = STAT (results within one hour of receipt in lab) P = Priority (results within two (Drug Levels in four) hours of receipt in lab) R = routine

Specimen Type (Non-urines)

- ☐ Venous, Fasting ☐ Arterial
☐ Venous, Random ☐ CSF
☐ Finger Stick (Hematology) ☐ Other
☐ Ommaya Reservoir

CHEMISTRY

Chemistry Panels (See Opposite Side for "Tests Included in Panels")

S P R

- ☐ ☐ ☐ Acute Care
☐ ☐ ☐ Electrolyte
☐ ☐ ☐ Hepatic
☐ ☐ ☐ Mineral
☐ ☐ ☐ Chem 20
☐ ☐ Lipid
☐ ☐ Thyroid (TSH, FT4)

Individual Tests

- ☐ ☐ ☐ ACTH
☐ ☐ ☐ Albumin
☐ ☐ ☐ Aldolase
☐ ☐ ☐ Alkaline Phosphatase
☐ ☐ ☐ ALT/GPT
☐ ☐ ☐ AST/GOT
☐ ☐ ☐ Alpha Feto Protein
☐ ☐ ☐ Ammonia (On Ice)
☐ ☐ ☐ Amylase
☐ ☐ ☐ Beta-2 Microglobulin
☐ ☐ ☐ Bilirubin, Direct
☐ ☐ ☐ Bilirubin, Total
☐ ☐ ☐ Blood Gas/pH
☐ ☐ ☐ CA-125
☐ ☐ ☐ C-Peptide
☐ ☐ ☐ Calcium
☐ ☐ ☐ Calcium, Ionized (Full Tube)
☐ ☐ ☐ Chloride
☐ ☐ ☐ Cholesterol, HDL
☐ ☐ ☐ Cholesterol, LDL
☐ ☐ ☐ Cholesterol, Total
☐ ☐ ☐ CK-MB (immunoassay)
☐ ☐ ☐ Cortisol
☐ ☐ ☐ Creatine Kinase
☐ ☐ ☐ Creatinine
☐ ☐ ☐ Cryoglobulins
☐ ☐ ☐ Estradiol
☐ ☐ ☐ Ferritin
☐ ☐ ☐ Folic Acid (Serum)
☐ ☐ ☐ FSH
☐ ☐ ☐ GGT
☐ ☐ ☐ Glucose
☐ ☐ ☐ GTT _____ Hr
☐ ☐ ☐ Growth Hormone
☐ ☐ ☐ hCG, Beta (Pregnancy Test)
☐ ☐ ☐ hCG, serum (Tumor Marker)
☐ ☐ ☐ HIV Viral Load
☐ ☐ ☐ Homocysteine
☐ ☐ ☐ Immunofixation Electrophoresis
☐ ☐ ☐ Insulin
☐ ☐ ☐ Iron/Transferrin
☐ ☐ ☐ LDH
☐ ☐ ☐ LH-(Luteinizing Hormone)
☐ ☐ ☐ L-Lactate (On Ice)
☐ ☐ ☐ Lipase
☐ ☐ ☐ Magnesium
☐ ☐ ☐ Osmolality
☐ ☐ ☐ Phosphorus, inorganic
☐ ☐ ☐ Potassium
☐ ☐ ☐ Pregnancy (serum)
☐ ☐ ☐ Progesterone
☐ ☐ ☐ Prolactin
☐ ☐ ☐ Protein, Total
☐ ☐ ☐ Protein, Electrophoresis
☐ ☐ ☐ PSA
☐ ☐ ☐ PTH, intact
☐ ☐ ☐ RBC Folate (M-F: 6a-6p)
☐ ☐ ☐ Sodium
☐ ☐ ☐ TBG

- ☐ TSH
☐ T3
☐ T4
☐ Free T4 (FT4)
☐ Testosterone, Total
☐ Triglycerides
☐ Troponin I
☐ Urea Nitrogen (BUN)
☐ Uric Acid
☐ Vitamin B12
☐ Other _____

THERAPEUTIC DRUGS

(Only One Drug Per Form)

S P R

- ☐ ☐ ☐ Antibiotic Level
 (Specify: _____)
☐ ☐ Carbamazepine (Tegretol)
☐ ☐ Cyclosporin
☐ ☐ Diazepam (Valium)
☐ ☐ Digoxin
☐ ☐ Ethosuximide (Zarontin)
☐ ☐ Lithium
☐ ☐ Methotrexate
☐ ☐ Phenobarbital
☐ ☐ Phenytoin (Dilantin)
☐ ☐ Sirolimus (Rapamycin)
☐ ☐ Tacrolimus (FK506)
☐ ☐ Valproic Acid
☐ ☐ Other _____
 *Dosage/Route _____
 *Time of Last Dose _____
 *Time Blood Drawn _____
 *(See Opposite Side for Therapeutic Drug Requests)

TRANSFUSION MEDICINE

Transfusion Services

- ☐ Direct Antiglobulin Test
☐ Type and Antibody Screen
☐ Isohemagglutinin Titer
☐ Transfusion Reaction Workup
 (All RBC's and PLT's are irradiated and leukoreduced.)
☐ ☐ RBC _____ units ☐ Wash
☐ ☐ Platelets _____ units
☐ ☐ HLA matched ☐ Wash
☐ ☐ Fresh Frozen Plasma _____ units
☐ ☐ Cryoprecipitated AHF _____ units
☐ ☐ Other _____

HLA

- ☐ ☐ HLA-A, B, Cw, DR & DQ alleles
☐ ☐ HLA-A, B, Cw alleles
☐ ☐ HLA-DR, DQ alleles
☐ ☐ HLA Antibody Screen
☐ ☐ HLA-Cw allele
☐ ☐ HLA-A subtyping specify _____
☐ ☐ HLA Confirmatory
☐ ☐ HLA-DQA
☐ ☐ HLA-DPB
☐ ☐ Other _____

TTV

- ☐ ☐ HBsAg
☐ ☐ Anti-HCV
☐ ☐ Anti-HIV 1/2
☐ ☐ Anti-HTLV-I/HTLV-II
☐ ☐ Anti-Hepatitis A (IgG & IgM)
☐ ☐ Anti-Hepatitis A IgM
☐ ☐ HBe Ag
☐ ☐ Anti-HBe
☐ ☐ Anti-HBc
☐ ☐ Anti-HBc IgM

Viral Marker Panels

- ☐ ☐ Protocol Screen
☐ ☐ Hepatitis Screen
☐ ☐ Chronic Hepatitis B
☐ ☐ TTV Transplant Screen (Donor)
☐ ☐ TTV Transplant Screen (Recipient)
☐ ☐ Other _____

MICROBIOLOGY

Microbiology Specimen Type

(Use Line to Specify Site)

- ☐ Autopsy _____
☐ Biopsy _____
☐ Blood _____
☐ Catheter (IV) _____
☐ CSF _____
☐ Drainage _____
☐ Nasopharynx ☐ Nose
☐ Skin Lesion _____
☐ Sputum _____
☐ Sterility Check _____
☐ Stool ☐ Throat
☐ Urine (type) _____
☐ Wound _____
☐ Other _____

S

- ☐ ☐ ☐ **R Test Request**
☐ ☐ ☐ Routine Culture
☐ ☐ ☐ Gram Stain
☐ ☐ ☐ Fungal Culture
☐ ☐ ☐ Wet Mount
☐ ☐ ☐ AFB Culture
☐ ☐ ☐ Acid Fast Stain
☐ ☐ ☐ Anaerobic Culture
☐ ☐ ☐ Occult Blood
☐ ☐ ☐ OVA & Parasites
☐ ☐ ☐ Cryptococcal Antigen
☐ ☐ ☐ HSV Culture
☐ ☐ ☐ CMV Culture
☐ ☐ ☐ Respiratory Virus Panel
☐ ☐ ☐ Clos. difficile Toxin
☐ ☐ ☐ Other _____

IMMUNOLOGY

- ☐ ☐ ☐ Albumin (CSF)
☐ ☐ ☐ Albumin Quotient (CSF, Serum)
☐ ☐ ☐ IgG Index (CSF/Serum)
☐ ☐ ☐ Quantitative Immunoglobulins
☐ ☐ ☐ Alpha-1-Anti-Trypsin
☐ ☐ ☐ ANA (Antinuclear Antibody)
☐ ☐ ☐ ANCA (Anti-Neutrophil Cytoplasmic Antibody)
☐ ☐ ☐ Anti-Cardiolipin IgG and IgM
☐ ☐ ☐ Anti-CMV IgG and IgM
☐ ☐ ☐ Anti-CCP (Anti-Cyclic Citrullinated Peptide)
☐ ☐ ☐ Anti-Ds DNA Antibodies
☐ ☐ ☐ Anti-EBV VCA IgG
☐ ☐ ☐ Anti-ENA Antibodies (Anti-RNP, Sm, SS-A and SS-B)
☐ ☐ ☐ Anti-Jo-1 Antibody
☐ ☐ ☐ Anti-Rubeola (Measles) IgG
☐ ☐ ☐ Anti-VZV IgG (Varicella Zoster Virus AB)
☐ ☐ ☐ Antithyroid Panel (Anti-Thyroglobulin and Anti-TPO AB)
☐ ☐ ☐ ApoLipoprotein AI, B
☐ ☐ ☐ C3, C4
☐ ☐ ☐ Ceruloplasmin
☐ ☐ ☐ Complement Level (CH-50)
☐ ☐ ☐ C-Reactive Protein
☐ ☐ ☐ C-Reactive Protein (high sensitivity, hsCRP)
☐ ☐ ☐ Haptoglobin
☐ ☐ ☐ IgG (CSF)
☐ ☐ ☐ IgG Index (CSF Plus Serum)
☐ ☐ ☐ IgG Subclasses
☐ ☐ ☐ IgE (serum)
☐ ☐ ☐ Mono Test
☐ ☐ ☐ Prealbumin
☐ ☐ ☐ Quantitative Immunoglobulins (IgG, IgA, IgM)
☐ ☐ ☐ Rheumatoid Factor
☐ ☐ ☐ RPR (serum)
☐ ☐ ☐ Streptococcal AB (ASO and Anti-DNASE B Titer)
☐ ☐ ☐ Syphilis IgG/IgM (FTA-ABS)
☐ ☐ ☐ Toxoplasma IgG, IgM
☐ ☐ ☐ VDRL (CSF)
☐ ☐ ☐ Other _____

COMMENTS

HEMATOLOGY

(Use Line to Specify Type)

S P R General Hematology

- ☐ ☐ ☐ CBC
☐ ☐ ☐ CBC/Diff
☐ ☐ ☐ CBC/Diff/Retic
☐ ☐ ☐ Automated Diff (NCI-HIV)
☐ ☐ ☐ Sed Rate
☐ ☐ ☐ Fluids/Diff ct _____
Coagulation
☐ ☐ ☐ Prottime
☐ ☐ ☐ aPTT
☐ ☐ ☐ Thrombin Time
☐ ☐ ☐ Fibrinogen
☐ ☐ ☐ PT/PTT Coagulation Panel
☐ ☐ ☐ PT INR
☐ ☐ ☐ PT Mixing (On Ice)
☐ ☐ ☐ PTT Mixing (On Ice)
☐ ☐ ☐ FDP (On Ice)
☐ ☐ ☐ D-Dimer (On Ice)
☐ ☐ ☐ Protein C (On Ice)
☐ ☐ ☐ Protein S (On Ice)
☐ ☐ ☐ Factor(s) _____ (On Ice)
☐ ☐ ☐ AT-III (On Ice)
☐ ☐ ☐ Antiplasmin-Alpha-2 (On Ice)
☐ ☐ ☐ Lupus Anticoagulant (DRVV)(On Ice)
☐ ☐ ☐ Other Coag _____ (On Ice)
Special Hematology
☐ ☐ ☐ Fetal Hgb
☐ ☐ ☐ G6PD (Not Run After 2:00 pm)
☐ ☐ ☐ Hgb A1C
☐ ☐ ☐ Hgb A2
☐ ☐ ☐ Hemoglobin Electrophoresis
☐ ☐ ☐ Other _____

URINE CHEMISTRY

Urine Specimen Type

- ☐ ☐ ☐ Clean Catch ☐ Catheter
☐ ☐ ☐ First Morning ☐ Random
☐ ☐ ☐ _____ Hour ☐ 24-Hour
☐ ☐ ☐ During Menses

S P R Urine Test Request

- ☐ ☐ ☐ Albumin (microalbumin)
☐ ☐ ☐ Calcium
☐ ☐ ☐ Catecholamines, Fract
☐ ☐ ☐ Chloride
☐ ☐ ☐ Cortisol, Free
☐ ☐ ☐ Creatinine
☐ ☐ ☐ Creatinine, Clearance
 (Order Serum Creatinine)
☐ ☐ ☐ Glucose
☐ ☐ ☐ Magnesium
☐ ☐ ☐ Osmolality
☐ ☐ ☐ Phosphorus
☐ ☐ ☐ Potassium
☐ ☐ ☐ Pregnancy (Urine)
☐ ☐ ☐ Prot./Creat. ratio (random urine)
☐ ☐ ☐ Protein, Total
☐ ☐ ☐ Protein, Electrophoresis
☐ ☐ ☐ Sodium
☐ ☐ ☐ Urea Nitrogen
☐ ☐ ☐ Uric Acid
☐ ☐ ☐ Urinalysis
☐ ☐ ☐ Urinalysis, Reagent Strip Only
☐ ☐ ☐ 17-OHCS
☐ ☐ ☐ 17-Ketogenic Steroids
☐ ☐ ☐ N-Telopeptides
☐ ☐ ☐ Metanephrine Fraction
☐ ☐ ☐ VMA
☐ ☐ ☐ Other _____

HLA Tests only (See Opposite Side) ☐ Transplant Recipient ☐ Transplant Donor, Relationship to Recipient _____ (i.e. sister, brother etc)

LIP Signature

LIP Name (printed)

Date

N.U./Clinic

Phone No. for Results

Patient Identification

Clinical Laboratory Ordering Record
 NIH-2353-1 (5-04)
 P.A. 09-25-0099
 File in Section 6: Orders Manual

WHEN TO USE THIS FORM

1. When requesting lab tests on outpatients seen in the clinics.
2. In the event of a serious computer failure, an announcement will be made over the voice paging system authorizing use of this form to request lab tests on inpatients.
3. During Code Blue situations this form may be used in place of a MIS specimen transmittal.

HOW TO USE THIS FORM

1. Place an addressograph impression or MIS label on the lower left corner to identify the patient.
2. HLA instructions: When ordering HLA typing for potential transplant indicate if specimen is for recipient or donor. If donor, indicate relationship to recipient.
3. Mark the appropriate boxes to request panels or individual tests:
R = Routine
P = Priority (results within two hours of receipt by lab [four hours for drugs])
S = STAT (Emergency: results within one hour of receipt by lab)
4. Mark the box to indicate the type of specimen (for example: arterial blood, random urine, etc.)
5. Fill in the date, time, nursing unit or clinic, and physician's name and address to send report.
6. For STAT and Priority requests, the results will automatically print on the nursing unit or Outpatient Department (OPD) when ready.
7. Tests not listed in MIS require prior approval by Department of Laboratory Medicine (DLM) Staff.

TESTS INCLUDED IN PANELS

Whole Blood CBC: (6-4473)

hematocrit
hemoglobin
RBC indices
RBC count
WBC count
platelet count

Fingerstick CBC: (6-4473)

hemoglobin
WBC count
platelet count

Coagulation Panel: (2-2171)

prothrombin
partial thromboplastin time

Acute Care: (6-3386)

sodium
potassium
chloride
CO₂, total (bicarbonate)
creatinine
glucose
urea nitrogen

Mineral: (6-3386)

albumin
calcium
magnesium
phosphorous

Chem 20: (6-3386)

acute care panel
hepatic panel
mineral panel
LDH
uric acid
CK
total protein

Lipid: (6-3386)

total cholesterol
HDL cholesterol
LDL cholesterol
triglycerides

Hepatic: (6-3386)

alkaline phosphatase
ALT/GPT
AST/GOT
total bilirubin
direct bilirubin

Thyroid Screen: (6-3386)

TSH
Free T₄

Electrolyte: (6-3386)

sodium
potassium
chloride
CO₂, total (bicarbonate)

Viral Markers: (6-8842)

Protocol Screen: (6-8842)

HBsAg
anti-HCV
anti-HIV

Hepatitis Screen: (6-8842)

HBsAg
anti-HCV
anti-HAV IgM

Chronic Hepatitis B: (6-8842)

HBsAg
HBe
anti-HBe

TTV Transplant Screen: (6-8842) (Donor)

HBsAg
anti-HBc
anti-HCV
anti-HIV
anti-HTLV
HIV/HCV NAT

TTV Transplant Screen: (6-8842) (Recipient)

HBsAg
anti-HBc
anti-HCV
anti-HIV
anti-HTLV

Special Note: Immunofixation Electrophoresis (IFE) is only performed when the following information is supplied under comment:

Indications/Complaints/Provisional Diagnosis

THERAPEUTIC DRUG REQUESTS

The concentration of only one drug may be requested per sheet. The determination will only be performed when the following information is supplied on the opposite side of this sheet:

Dosage- The amount of drug given to the patient the last time it was administered.

Route - IV, IM, PO or other route must be indicated.

Time - The time of the last dose of the drug and the time the blood sample was obtained must be indicated.

24 HOUR URINE COLLECTIONS

24 Hour Urine collection containers must be labeled with the patient name, medical record number, preservative (if applicable), and all inclusive dates of collection.

PHONE NUMBERS FOR PROBLEMS/QUESTIONS:

Chemistry.....301-496-3386
Hematology.....301-496-4476
Coagulation.....301-496-2171
Special Hematology.....301-496-5720

Microbiology.....301-496-4433
Immunology.....301-496-8980
Phlebotomy.....301-496-5777
Transfusion Medicine.....301-496-4506

Blood drawing service provided by Phlebotomy Team in Outpatient Clinics from 7:00 a.m. to 4:15 p.m., Monday through Friday, no holidays, no weekends. General suggestions, complaints, call lab manager: 301-496-5668.